

AO 91 (Rev. 5/85) Criminal Complaint

# United States District Court

DISTRICT OF MASSACHUSETTS

UNITED STATES OF AMERICA

V.

John Doe, a/k/a  
Ivan Vazquez-Gonzalez,  
a/k/a Ivan G. Vazquez

(Name and Address of Defendant)

## CRIMINAL COMPLAINT

CASE NUMBER: 98-100077-LJC

I, the undersigned complainant being duly sworn state the following is true and correct to the best of my knowledge and belief. On or about June 30, 1998 in Essex county, in the District of Massachusetts defendant(s) did, (Track Statutory Language of Offense)

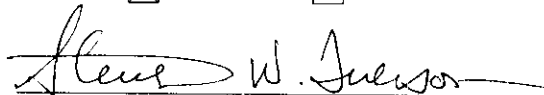
did willfully and knowingly make a false statement on an application for a United States Passport with the intent to induce or secure the issuance of a passport under the authority of the United States, either for his use or the use of another

in violation of Title 18 United States Code, Section(s) 1542.

I further state that I am a (X) Special Agent, Dept. of State and that this complaint is based on the following facts:  
Official Title

See attached affidavit of Steven W. Iverson

Continued on the attached sheet and made a part hereof:

☒ Yes☐ No


Signature of Complainant

STEVEN W. IVERSON

Sworn to before me and subscribed in my presence,

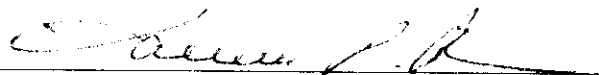
December 1, 1998 at  
Date

Boston, MA

City and State

LAWRENCE P. COHEN  
UNITED STATES MAGISTRATE JUDGE

Name &amp; Title of Judicial Officer



Signature of Judicial Officer

AFFIDAVIT OF STEVEN W. IVERSON

I, Steven W. Iverson, having been duly sworn, is hereby deposed and states as follows:

1. I am a Special Agent of the United States Department of State Diplomatic Security Service ("DDS") and have been so employed for twelve years, two months. I am assigned to investigate persons who have provided or included false information on passport applications.

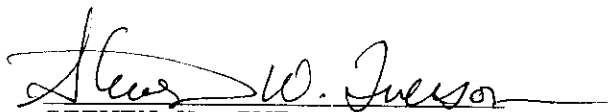
2. On June 30, 1998, an individual using the name of Ivan G. Vazquez, Social Security number 583-06-7390, and a date and place of birth of November 12, 1958, Rio Piedras, Puerto Rico, applied for a U.S. Passport at the Haverhill, Massachusetts Post Office (thereinafter, the "APPLICANT"). A copy of the application is attached hereto as Exhibit A. As proof of citizenship, the APPLICANT presented a genuine Puerto Rican Birth Certificate in the name Ivan Vazquez-Gonzalez, and Massachusetts Drivers License number 583067390, as proof of identity. The drivers license also indicated that APPLICANT'S name was Ivan G. Vazquez, and date of birth was November 12, 1958. (A copy of the birth Certificate is attached hereto as Exhibit B.) As required, the APPLICANT submitted two current photos of himself with the application.

3. The APPLICANT'S application contained several fraud indicators which were identified by Duncan Maitland, the Passport Agency Fraud Coordinator. Consequently, the application was

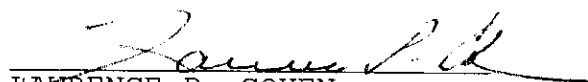
referred to the Diplomatic Security Service's Boston Field Office for Investigation.

4. Investigation revealed that the true Ivan Vazquez-Gonzalez, whose birth certificate was submitted in support of the Vazquez application, died on December 28, 1993, in Rio Piedras, Puerto Rico. A photocopy of the death Certificate is attached hereto as Exhibit C. A comparison of the APPLICANT'S passport application, the Vazquez-Gonzalez Birth Certificate the APPLICANT submitted with the application, and the Death Certificate of Ivan Vazquez-Gonzalez, show the same date of birth (November 12, 1958), the same Social Security Number (583-06-7390) (except on the Birth Certificate, which contains no Social Security Number), the same father's name (Felix Vazquez) and the same mother's name (Manuel Gonzalez). Based on the foregoing, I have probable cause to believe that the APPLICANT, a/k/a JOHN DOE, identifying himself as Ivan Vazquez-Gonzalez and Ivan G. Vazquez, did willfully and knowingly make a false statement on an application for a United States passport with intent to induce or secure the issuance of a passport under the authority of the

United States, either for his own use or for the use of another,  
in violation of 18 U.S.C. §1542.

  
STEVEN W. IVERSON  
Special Agent,  
U.S. Department of State  
Bureau of Diplomatic Security

Subscribed and sworn to before me this 1st day of December 1998.

  
LAWRENCE P. COHEN  
United States Magistrate Judge

1. NAME FIRST NAME

IVAN

MIDDLE NAME

G

LAST NAME

VAZQUEZ

2. MAILING ADDRESS

STREET

11-A Charles Street

CITY, STATE, ZIP CODE

Haverhill, MA 01830

COUNTRY

USA

IN CARE OF

3. SEX

Male ☒ Female ☐

4. PLACE OF BIRTH City, State or Province, Country

Rio Piedra, Puerto Rico

5. DATE OF BIRTH

11/12/58

☐ 5 Yr. ☒ 10 Yr.

Issue

☐ R ☐ D ☐ O ☐ DP

Date

☐ Exp.

Exp.

6. SEE FEDERAL TAX SOCIAL SECURITY NUMBER

LAW NOTICE ON

5183067390

REVERSE SIDE

7. HEIGHT

5'9"

8. COLOR OF HAIR

Black

9. COLOR OF EYES

Brown

10. (Area Code) HOME PHONE

978/521-4951

11. (Area Code) BUSINESS PHO

111-1111

Feet Inches

12. PERMANENT ADDRESS (Street, City, State, ZIP Code)

11-A Charles St Haverhill, MA 01830

13. OCCUPATION

Self-Employed

14. FATHER'S NAME

Felix VAZQUEZ

BIRTHPLACE

P.R.

BIRTH DATE

1924

U.S. CITIZEN

YES ☒ NO ☐

15. TRAVEL PLANS (Not Mandatory)

COUNTRIES

DEPARTURE DA

15. MOTHER'S MAIDEN NAME

Manuela González

BIRTHPLACE

P.R.

BIRTH DATE

1940

U.S. CITIZEN

YES ☒ NO ☐

Europe.

LENGTH OF ST.

Spain

17. HAVE YOU EVER BEEN ISSUED A U.S. PASSPORT? YES ☐ NO ☒

IF YES, SUBMIT PASSPORT IF AVAILABLE.

Submit

IF UNABLE TO SUBMIT MOST RECENT PASSPORT, STATE ITS DISPOSITION: COMPLETE NEXT LINE  
NAME IN WHICH ISSUED PASSPORT NUMBER ISSUE DATE (Mo., Day Yr.) DISPOSITION

SUBMIT TWO RECENT IDENTICAL PHOTOS

18. HAVE YOU EVER BEEN MARRIED? ☐ YES ☒ NO

DATE OF MOST RECENT MARRIAGE

Mo. Day Ye

WIDOWED/DIVORCED? ☐ YES ☒ NO

IF YES, GIVE DATE

Mo. Day Ye

SPOUSE'S FULL BIRTH NAME

SPOUSE'S BIRTHPLACE

19. IN CASE OF EMERGENCY, NOTIFY (Person Not Traveling With You) (Not Mandatory)

RELATIONSHIP

FULL NAME

(Area Code) PHONE NUMBER

ADDRESS

20. TO BE COMPLETED BY AN APPLICANT WHO BECAME A CITIZEN THROUGH NATURALIZATION

I IMMIGRATED TO THE U.S. (Month, Year)

I RESIDED CONTINUOUSLY IN THE U.S. From (Mo., Yr.) To (Mo., Yr.)

DATE NATURALIZED (Mo., Day, Yr.)

Mo. Day Ye

Mo. Day Ye

Mo. Day Ye

Mo. Day Ye

Mo. Day Ye

Mo. Day Ye

PLACE

21. DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY PERSON ADMINISTERING OATH

I have not, since acquiring United States citizenship, performed any of the acts listed under "Acts or Conditions" on the reverse of this application form (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on this application are true and the photograph attached is a true likeness of me.

Subscribed and sworn to (affirmed) before me

00 30 78  
Month Day Year

(Signature of person authorized to accept application)

☐ Notary of Court  
☐ Notary Public  
☐ (Vice) Notary Public

(SEAL)

X IVAN VAZQUEZ  
(Sign in presence of person authorized to accept application)

Haverhill, MA 01830

22. APPLICANT'S IDENTIFYING DOCUMENTS ☐ PASSPORT ☒ DRIVER'S ☐ OTHER (Specify)

ISSUE DATE

EXPIRATION DATE

PLACE OF ISSUE

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

Mo. Day Year Mo. Day Year

No. 583067390

ISSUED IN THE NAME OF

IVAN G. Vazquez

23. FOR ISSUING OFFICE USE ONLY (Applicant's evidence of citizenship)

☒ Birth Cert. ☐ SP ☒ CR City Filed/Issued:☐ Passport: Bearer's Name:☐ Report of Birth☐ Naturalization/Citizenship Cert. No.:☐ Other:☐ Seen &☐ Returned☐ Attached

APPLICATION APPROVAL

Examiner Name

Office, Date

24.

\$60 MB

FEE

EXEC.

POST

EX-A

# ESTADO LIBRE ASOCIADO DE PUERTO RICO (COMMONWEALTH OF PUERTO RICO)

## DEPARTAMENTO DE SALUD (DEPARTMENT OF HEALTH) DIVISION DE REGISTRO DEMOGRAFICO (DIVISION OF DEMOGRAPHIC REGISTRY)

ESTADO LIBRE ASOCIADO DE PUERTO RICO  
DEPARTAMENTO DE SALUD  
NEGOCIADO DE REGISTRO DEMOGRAFICO Y ESTADISTICAS

### Certificado de Nacimiento

NUMERO DEL NACIMIENTO (Para ser llenado en el Negociado)		
NUMERO TERRITORIO	AÑO	NUMERO DE SERIE
152	58	60-4361

NUMERO REGISTRO LOCAL (Para ser llenado por el Registrador)	
NUM. REGISTRO	NUM. CERTIFICADO
60	4361

1. LUGAR DEL NACIMIENTO a. Municipio <b>Río Piedras, P. R.</b> b. Barrio <b>Poblado, Zona o Sitio</b> Urbana <input checked="" type="checkbox"/> Rural <input type="checkbox"/> c. Nombre Completo del Hospital o Institución (Si no nació en hospital o institución de la dirección exacta.) <b>Hospital de Maternidad</b>		2. RESIDENCIA HABITUAL DE LA MADRE (¿Dónde vive la madre?) a. Municipio <b>Río Piedras, Puerto Rico</b> b. Estado o País <b>60</b> c. Barrio <b>Sabana Llana Parcelas</b> Poblado, Zona o Sitio Urbana <input checked="" type="checkbox"/> Rural <input type="checkbox"/> d. Dirección (Si Urbana: (Calle y número))	
3. NOMBRE DEL NIÑO: Nombre <b>Iván</b> Apellido del Padre <b>Vázquez</b>		4. NOMBRE DE LA MADRE <b>González</b>	
5. SEXO <b>Varón</b> a. Simple <input checked="" type="checkbox"/> b. Doble <input type="checkbox"/> c. Triple <input type="checkbox"/> 6. ORDEN DE ESTE NACIMIENTO EN PARTOS MÚLTIPLES: 1ro <input type="checkbox"/> 2do <input type="checkbox"/> 3ro <input type="checkbox"/>		7. HORA Y FECHA del Nacimiento <b>11:30 M</b> <b>11</b> <b>12</b> <b>1958</b>	

7. NOMBRE Y APELLIDOS: <b>Félix Vázquez</b>		7a. RESIDENCIA: <b>Río Piedras</b>		8. COLOR O RAZA: <b>N</b>	
9. EDAD (Para la fecha de este nacimiento) <b>34 años</b>		10. NATURAL DE: (a) Municipio <b>San Juan</b> (b) Estado o País <b>P. R.</b>		11a. OCUPACION HABITUAL <b>Mecánico-Construc.</b>	
12. NOMBRE Y APELLIDOS DE SOLEIRA: <b>Manuela González</b>		12a. OCUPACION HABITUAL <b>Ama de casa</b>		12b. CLASE DE NEGOCIO O INDUSTRIA <b>Su casa</b>	
14. EDAD (Para la fecha de este nacimiento) <b>18 años</b>		15. NATURAL DE: a. Municipio <b>Río Piedras</b> b. Estado o País <b>P. R.</b>		16. OTROS HIJOS DE LA MISMA MADRE (No incluya este nacimiento) De los otros hijos nacidos vivos: (a) ¿Cuántos viven en la actualidad? <b>1</b> (b) ¿Cuántos han fallecido? <b>—</b> c. ¿Cuántos hijos han nacido muertos de más de 20 semanas de embarazo? <b>—</b>	

12. NOMBRE Y APELLIDOS DE SOLEIRA: <b>Manuela González</b>		12a. OCUPACION HABITUAL <b>Ama de casa</b>		12b. CLASE DE NEGOCIO O INDUSTRIA <b>Su casa</b>	
14. EDAD (Para la fecha de este nacimiento) <b>18 años</b>		15. NATURAL DE: a. Municipio <b>Río Piedras</b> b. Estado o País <b>P. R.</b>		16. OTROS HIJOS DE LA MISMA MADRE (No incluya este nacimiento) De los otros hijos nacidos vivos: (a) ¿Cuántos viven en la actualidad? <b>1</b> (b) ¿Cuántos han fallecido? <b>—</b> c. ¿Cuántos hijos han nacido muertos de más de 20 semanas de embarazo? <b>—</b>	
17a. INFORMANTE: Nombre <b>Félix Vázquez</b> Firma <b>Félix Vázquez</b> Testigo de la marca		17b. RELACION CON EL NIÑO (Padre, madre, médico, comadrona, etc.) Especifique: <b>padre</b> Testigo de la marca		18. PERSONA QUE ATENDIO EL PARTO. Nombre <b>Dr. Selles</b> Firma	
18a. PERSONA QUE ATENDIO EL PARTO. Nombre <b>Dr. Selles</b> Firma		18b. ATENDIÓ en su carácter de: Médico <input checked="" type="checkbox"/> Comadrona <input type="checkbox"/> Otro (especifique)		18c. DIRECCION EXACTA DE LA PERSONA QUE ATENDIO EL PARTO <b>Hospital de Maternidad</b>	
19. FECHA DE REGISTRO <b>11 25 1958</b>		20. FIRMA DEL REGISTRADOR <b>Manuel Santos</b>		21. FECHA DE EXPEDICION <b>11 12 19 58</b>	

22a. DURACION DEL EMBARAZO		22b. PESO AL NACER:		23. ESTADO JURIDICO:		24. Si No es Legítimo — Reconocido Por:	
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CERTIFICAMOS: que la que antecede es una copia exacta de un certificado original archivado bajo nuestra custodia en la División de Registro Demográfico del Departamento de Salud de Puerto Rico y que las correcciones que puedan aparecer en dicho certificado original aquí fotografiado son correcciones Bona-Fide hechas de acuerdo con las leyes que para tales fines rigen en Puerto Rico.

THIS IS TO CERTIFY: that this is a true copy of an original certificate on file in our custody in the Division of Demographic Registry of the Department of Health of Puerto Rico and that the corrections that may appear in the original certificate here photostatically reproduced are Bona-Fide corrections made in accordance to what our statutes prescribes in such cases.

Luis Izquierdo Mora, MD  
Secretario de Salud  
Secretary of Health

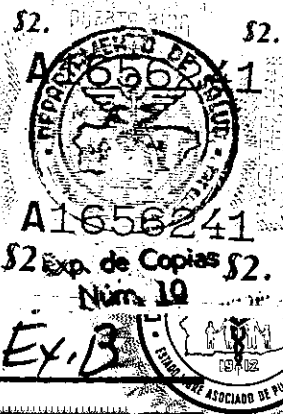
MAY 28 1986

Mercedes Ortiz de M.  
Directora, División I  
Director, Division of Demographic Registry

San Juan, Puerto Rico

Fecha de expedición  
ADVERTENCIA: Es ilegal alterar o falsificar esta copia.

WARNING: It is illegal to alter or counterfeit this copy.





LIBRE ASOCIADO DE PUERTO RICO  
COMMONWEALTH OF PUERTO RICO

DEPARTAMENTO DE SALUD  
(DEPARTMENT OF HEALTH)  
REGISTRO DEMOGRAFICO  
(DEMOGRAPHIC REGISTRY)  
CERTIFICACION DE DEFUNCION  
(CERTIFICATION OF DEATH)



NUMERO DE CERTIFICADO (CERTIFICATE NUMBER)  
152-93-03218-026912-001217

NOMBRE DEL FALLECIDO (DECEASED NAME)  
IVAN VAZQUEZ GONZALEZ

SEGURO SOCIAL (SOCIAL SECURITY)  
583-06-7390

SEXO (SEX)  
M

ESTADO CIVIL (MARITAL STATUS)  
NUNCA SE CASO (NEVER MARRIED)

FECHA DEFUNCION (DEATH DATE)  
07 DIC 1993

FECHA REGISTRO (REGISTRATION DATE)  
28 DIC 1993

LUGAR DEFUNCION (DEATH PLACE)  
RIO PIEDRAS, PUERTO RICO

CAUSA DE MUERTE (CAUSE OF DEATH)  
HTLV III/LAV CAUS INFECT

FUE EMBALSAMADO? ( WAS EMBALMED? )  
NO FUE EMBALSAMADO (NOT EMBALMED)

FECHA NACIMIENTO (BIRTH DATE)  
12 NOV 1958

EDAD (AGE)  
35 AÑOS

LUGAR NACIMIENTO (BIRTH PLACE)  
RIO PIEDRAS, PUERTO RICO

NOMBRE DEL PADRE (FATHER'S NAME)  
FELIX VAZQUEZ

NOMBRE DE LA MADRE (MOTHER'S NAME)  
MANUELA GONZALEZ

FECHA EXPEDICION (DATE ISSUED)  
18 SEP 1998

ESTE ES UN ABSTRACTO DEL CERTIFICADO DE  
DEFUNCION OFICIALMENTE INSCRITO EN EL  
REGISTRO DEMOGRAFICO DE PUERTO RICO BAJO  
LA AUTORIDAD CONFERIDA POR LA LEY 24 DEL  
22 DE ABRIL DE 1931

THIS IS AN ABSTRACT OF THE RECORD  
FILED IN THE DEMOGRAPHIC REGISTRY OF  
PUERTO RICO ISSUED UNDER THE  
AUTHORITY OF LAW 24, APRIL 22, 1931

SECRETARIO DE SALUD  
(SECRETARY OF HEALTH)

DIRECTOR REGISTRO DEMOGRAFICO  
(STATE REGISTRAR)

DEPARTAMENTO DE  
**SALUD**  
GOBIERNO DE PUERTO RICO



*Dando Salud... a tu Vida.*

**ADVERTENCIA: Cualquier alteración o borradura cancela esta certificación.**

**WARNING: Any alteration or erasure voids this certification.**

*Ex. C*